

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO. / 10/579,758 / FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
	1	1	1	1	1	1		1	1	1	1	1	1	
1	1						51							
2		1					52							
3			1				53							
4			1				54							
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9		1					59							
10		1					60							
11		1					61							
12		1					62							
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14	1	1					64							
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17		1					67							
18		1					68							
19	1	1					69							
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24		1					74							
25		1					75							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		↓		↓									
TOTAL DEP.	26	←		←		←		↓		↓		↓		
TOTAL CLASSES	30	████████	████████	████████	████████	████████		████████	████████	████████	████████	████████		